



Orange County Department of Education
HOPES Collaborative OCTA Bus Pass Request

TO BE COMPLETED BY DISTRICT PERSONNEL ONLY

Date: _____ District Name: _____

District Personnel Requesting Bus Pass: _____ Title: _____

Email: _____ Phone: _____

PARENT INFORMATION

Parent Last Name: _____ Parent First Name: _____

STUDENT(S) INFORMATION

Student 1: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Student 2: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Student 3: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Student 4: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Reason for Request: <i>Recipient(s) Must be Homeless</i>	Bus Pass:	Quantity:	Date Needed by:
	30 DAY PASS (Age 6 - 18) (for Students/Youth)		
	District Personnel Signature: _____ Fax request to: (714) 327-0328 or email to: rmcniel@ocde.us		

OCDE Inter-office Use Only:		Date Received: _____	Approved: YES _____ NO _____
Reason if not approved: _____			
Approved:	30 DAY PASS - Quantity:	Pass #'s:	
Date Processed: _____	Pick-up at OCDE by: _____		
Inter-District Mail to: _____	US Mail to: _____		
	Attn: _____		
Approved by Student Support Services Staff: Jeanne Awrey, Coordinator, jawrey@ocde.us (714) 966-4093 or Randi McNiel, Administrative Assistant, rmcniel@ocde.us , (714) 327-1079 Jeanne Awrey _____ Randi McNiel _____			